

<b>CORPORATE PARENTING COMMITTEE (FORMAL)</b>	<b>AGENDA ITEM No. 12</b>
<b>24 NOVEMBER 2021</b>	<b>PUBLIC REPORT</b>

Report of:	Executive Director People and Communities Cambridgeshire and Peterborough Councils	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, Cabinet Member for Children's Services	
Contact Officer(s):	Nicola Curley, Assistant Director Children's Social Care Catherine York, Designated Nurse Children in Care	Tel:

## HEALTH ANNUAL REPORT

<b>RECOMMENDATIONS</b>	
<b>FROM: Assistant Director Children's Social Care</b>	<b>Deadline date: N/A</b>
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report</li> <li>2. Raise any queries with the lead officers</li> </ol>	

### 1. ORIGIN OF REPORT

- 1.1 This report is submitted to a formal Corporate Parenting Committee

### 2. PURPOSE AND REASON FOR REPORT

- 2.1 This report provides an update on the performance of Initial Health Assessments, Review Health Assessments and the Strength and Difficulties Questionnaire. The report provides an overview of the Clinical Commissioning Group's (CCG) activities to ensure robust monitoring and quality assurance systems are in place to meet the health needs of Peterborough's children in care.
- 2.2 This report is for the Corporate Parenting panel to consider under its terms of reference no: 2.4.3.6 (c) Promote the development of participation and ensure that the view of children and young people are regularly heard through the Corporate Parenting Committee to improve educational, health and social outcomes to raise aspiration and attainments.
- 2.3 This links to priority 4 of the Children in Care Pledge and Care Leavers Charter. Health issues of Children and young people in care

### 3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>
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## **4. BACKGROUND AND KEY ISSUES**

### **Health Data Report Peterborough Corporate Parenting 1<sup>st</sup> April 2021 – 30<sup>th</sup> September 2021**

Cambridgeshire and Peterborough Clinical Commissioning Group commission the Children in Care Health Team, Cambridgeshire and Peterborough NHS Foundation Trust to have oversight of the health needs of our children in care via Initial and Review Health Assessments; this means that the doctors and nurses within the team undertake the health assessments, or ensure provision by a health service in another part of the country for those children and young people placed outside of Peterborough or the agreed 20 miles radius. The Designated Nurse and Doctor for Children in Care work with commissioners and providers across social care and health to ensure the provision, quality and timeliness of the required health services including statutory health assessments and completion of the Strengths and Difficulties Questionnaire.

#### **4.1 Health Assessments**

##### **Initial Health Assessments**

Initial Health Assessments (IHAs) for those aged 0-5 years continued to be face-to-face appointments throughout the pandemic, and from the beginning of June 2021 all other IHAs returned to face-to-face appointments. Virtual IHAs remain an option if the agreed criteria are met, but it is believed that this will be for a small number of young people.

#### 4.2 Initial Health Assessment Performance Data:

<b>Children and young people placed in Peterborough</b>			
<b>Month</b>	<b>Number of children new to care</b>	<b>IHAs completed within 20 working days of coming into care</b>	<b>Reason 20 working day target not being achieved</b>
<b>April 2021</b>	6	5	1 = late consent and referral. Young person old enough to consent at time of assessment, but referral not received by health
<b>May 2021</b>	8	8	
<b>June 2021</b>	6	6	
<b>July 2021</b>	11	4	7 = lack of paediatrician capacity caused by sickness
<b>August 2021</b>	5	2	1 = booked one day late due to carer being unavailable 1 = placement change 1 = booked to be seen 10 days late due to paediatrician capacity
<b>September 2021</b>	9	4	1 = placement change 1 = late consent and referral 3 = sibling group of 3 arranged arranged 3 days late due to paediatrician capacity to enable being seen together
<b>In area total</b>	<b>45</b>	<b>29</b>	
<b>In area percentage</b>	<b>100%</b>	<b>64%</b>	
<b>Children and young people placed outside of Peterborough</b>			
<b>April 2021</b>	1	0	1 = out of area team availability
<b>May 2021</b>	0	0	
<b>June 2021</b>	0	0	
<b>July 2021</b>	5	0	5 = out of area team availability.
<b>August 2021</b>	1	0	1 = out of area team availability
<b>September 2021</b>	2	1	1 = out of area team availability
<b>Overall totals</b>			
<b>Number</b>	55	30	
<b>Percentage</b>	100%	55%	

#### 4.3 Review Health Assessments

Review Health Assessments (RHAs) returned to face-to-face appointments in July, with children and young people attending their appointment at the City Care Centre. Virtual assessments can still be undertaken if the agreed criteria are met as this will offer a degree of flexibility in certain circumstances. For those who decline their consultation a questionnaire is provided which enables a Health Action Plan to be created (in line with the Pathway).

##### Review Health Assessment Performance Data:

<b>Children and young people placed in Peterborough</b>			
<b>Month</b>	<b>Number of RHAs due</b>	<b>RHAs completed within timescale</b>	<b>Reason timescale was not achieved</b>
<b>April 2021</b>	22	18	1 = carer availability 2 = did not attend first appointment 1 = declined initial appointment
<b>May 2021</b>	22	21	1 = carer availability
<b>June 2021</b>	28	27	1 = carer availability
<b>July 2021</b>	23	21	1 = administration error of the due date 1 = carer confusion of appointment
<b>August 2021</b>	12	12	
<b>September 2021</b>	26	23	3 = did not attend appointment: reasons given: unwell, at college
<b>In area total</b>	<b>133</b>	<b>122</b>	
<b>In area percentage</b>	<b>100%</b>	<b>92%</b>	
<b>Children and young people placed outside of Peterborough</b>			
<b>April 2021</b>	7	5	2 = out of area team availability
<b>May 2021</b>	10	9	1 = placement move
<b>June 2021</b>	7	5	2 = out of area team availability
<b>July 2021</b>	6	3	3 = out of area team availability
<b>August 2021</b>	2	2	
<b>September 2021</b>	15	7	8 = out of area team availability
<b>Overall totals</b>			
<b>Number</b>	<b>180</b>	<b>153</b>	
<b>Percentage</b>	<b>100%</b>	<b>85%</b>	

#### 4.4 Strength and Difficulties Questionnaires (SDQ)

The Strength and Difficulties Questionnaire, commonly known as the SDQ, is a short behavioural screening questionnaire. There are three versions of the SDQ: the parent/carers, the teacher, and the self-report scale (completed by 11–16-year-olds), which provide the potential for triangulation of information about a child across the different versions. These questionnaires are used alongside health assessments to support the assessment of emotional health and wellbeing. Scoring categories are: Low need (0-13), Some need (14-16) and High need (17-40).

The health team in Peterborough undertake the parent/carers SDQ process on behalf of Social Care; the performance of the parent/carers SDQ is what we report on. During the acute phase of the COVID-19 pandemic, performance of SDQ completion was negatively impacted, as there was not the opportunity for carers to complete the SDQ at the time of the face-to-face health assessment; this option is used in cases where the questionnaire emailed to the carer around 2-3 weeks prior to the assessment with a request for the carer to complete the questionnaire and return to the health team before the health assessment, had not been returned. This process is the same for children/young people placed in and out of Peterborough.

An SDQ Pathway was introduced at the end of May 2021, which includes health, social care and education colleagues in order to ensure a robust process is in place for all three types of questionnaires. Review of use and compliance of the pathway by the Health of Children in Care Partnership Group is scheduled for January 2022.

The table below, identifies the number and percentage of SDQs sent to carers as well as the number and percentage returned, as this helps show the gaps in foster carers completing and returning the questionnaire, an area that needs some improvement. With the return to face-to-face RHA appointments there is an opportunity for the carer to complete the questionnaire at the time of the appointment, which in turn should show an improvement in performance over the second half of the year.

**SDQ Completion Rate 1<sup>st</sup> April 2021 – 30<sup>th</sup> September 2021:**

Month	Number of questionnaires sent to carers by the Health Team	Percentage of questionnaires sent to carers by the Health Team	Number of completed questionnaires returned by carers	Percentage of completed questionnaires returned by carers
April 2021	34	100%	19	56%
May 2021	21	100%	13	62%
June 2021	32	100%	16	50%
July 2021	25	100%	11	44%
August 2021	22	100%	13	59%
September 2021	21	100%	14	67%
<b>Overall Totals</b>	<b>155</b>	<b>100%</b>	<b>86</b>	<b>55%</b>
The percentage of questionnaires sent to carers is always 100% as questionnaires are sent for all children aged 4-16 years (inclusive) but excludes those for whom the questionnaire is not appropriate such as children/young people with disabilities.				
<b>April 2020 – March 2021</b> performance was 49% for completed questionnaires returned by carers.				

**5. CONSULTATION**

N/A

**6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 To improve health and well-being, and health outcomes for children in care by ensuring adequate assessment of health and suitable health provision; addressing areas where there may be a lack of provision or improvements required.

**7. REASON FOR THE RECOMMENDATION**

- 7.1 Corporate Parenting Committee have requested a health update at all formal committees.

**8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 N/A

**9. IMPLICATIONS**

**Financial Implications**

- 9.1 N/A

**Legal Implications**

9.2 N/A

**Equalities Implications**

9.3 N/A

**Other Implications**

9.4 This report supports the health needs of Children in Care and Care Leavers with the service supporting them to live a healthy lifestyle and ensure they are offered regular health checks and support to attend these.

**10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None

**11. APPENDICES**